

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Padilla Rodriguez, Alicia

Participant's Address:

Florida St. #2, Buenavista, P.R. 00794

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

By:

Signature

Print Name

Title (if Participant is not an individual)

September 8, 2022
Date

RECEIVED
2022 SEP 12 PM 1:33
CLERK OF COURT
U.S. DISTRICT COURT
SAN JUAN, P.R.